

**APPLICATION**  
**COMMUNITY HOUSING AND SERVICES FOR PERSONS WITH DISABILITIES REVOLVING LOAN PROGRAM**  
**IOWA FINANCE AUTHORITY**  
2015 Grand Avenue Des Moines, IA 50312  
(515) 725-4900 or (800) 432-7230  
Fax: (515) 725-4901  
[www.iowafinanceauthority.gov](http://www.iowafinanceauthority.gov)

**For IFA Use Only:**

IFA Project No. \_\_\_\_\_  
Application Received \_\_\_\_\_  
Application Fee Received \_\_\_\_\_

**GENERAL INFORMATION**

**SECTION 1**

Project Name \_\_\_\_\_  
Project Address(es) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Legal Name of Owner \_\_\_\_\_  
Address of Owner \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_  
Contact Person for Project \_\_\_\_\_  
Address of Contact Person \_\_\_\_\_  
Title or Relationship of Contact Person to Project \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

**APPLICATION INFORMATION**

**SECTION 2**

Application is being made for:

Construction Loan Amount \$ \_\_\_\_\_ Term \_\_\_\_\_ Mos.  
Permanent Loan Amount \$ \_\_\_\_\_ Term & Amort: \_\_\_\_\_ Yrs.

**PROJECT INFORMATION**

**SECTION 3**

New \_\_\_\_\_ Rehabilitated \_\_\_\_\_  
Total Square Footage of Building(s) \_\_\_\_\_  
Type of Building:  
\_\_\_\_\_ Row (T.H.) \_\_\_\_\_ Elevator \_\_\_\_\_ Non-Elevator No. of Elevators \_\_\_\_\_  
\_\_\_\_\_ Detached \_\_\_\_\_ Semi-Detached No. of Stories \_\_\_\_\_  
Type of Foundation: \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab on Grade  
\_\_\_\_\_ Partial Bsmt. \_\_\_\_\_ Full Bsmt.  
Structural System \_\_\_\_\_ Heating System \_\_\_\_\_  
Exterior Finish \_\_\_\_\_ AC System \_\_\_\_\_  
Floor System \_\_\_\_\_  
Site Area: \_\_\_\_\_ Sq. Ft. Zoning: \_\_\_\_\_  
If Leasehold, Show Annual Ground Rent: \$ \_\_\_\_\_ Lease Term Remaining: \_\_\_\_\_

For Existing Property only:

Date Acquired:	_____	Outstanding Loan Balance: \$	_____
Price:	\$ _____		
Additional Cost:	\$ _____	Relationship Between Seller & Buyer:	_____
Total Cost	\$ _____		

**This Application including all items set forth on the Requirements Checklist need to be submitted for consideration for an IFA Community Housing and Services for Persons with Disabilities Revolving loan.**

CERTIFICATION OF APPLICANT

I hereby certify that the foregoing figures and the statements contained herein, submitted to obtain a mortgage loan under the Iowa Finance Authority's Community Housing and Services For Persons with Disabilities Revolving Loan Program and Chapter 16 of the Code of Iowa, as amended, are true and correct to the best of my knowledge and belief. I further state that I have applied for a mortgage loan and have provided the above information, including the Exhibits, and certified that it is true, and have fully authorized IFA to verify said information through credit reports, deposit verifications, and through other means they determine necessary.

Applicant:	_____	SSN or EIN:	_____
Signature:	_____	Date:	_____
Printed Name:	_____		
Printed Title:	_____		